

PERCEPCIJE HRVATSKIH KIRURGA O MOGUĆNOSTI PRIMJENE MARKETINGA USLUGA U ZDRAVSTVENIM ORGANIZACIJAMA

PERCEPTIONS AMONG CROATIAN SURGEONS OF SERVICES MARKETING APPLICATION TO HEALTH CARE ORGANIZATIONS

TRŽIŠTE

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SAŽETAK

Ovaj rad razmatra problematiku marketinga zdravstvenih usluga. Puno je posebnosti i ograničenja koja zahtijevaju kreativan pristup primjeni marketinga u zdravstvenim organizacijama. U prvom su dijelu sažeto prikazani teorijski doprinosi specifičnostima marketinga usluga u zdravstvu. Izviđajno istraživanje percepcija kirurga o marketingu usluga, opisano u drugom dijelu rada, pruža koristan uvid u moguću primjenu marketinga pri pružanju specijalističkih kirurških usluga. Istraživanje je provedeno na ukupnoj populaciji općih kirurga koji su zaposleni u javnozdravstvenim ustanovama u Republici Hrvatskoj. Rezultati pokazuju nesklad između upoznatosti s marketingom usluga i njegovom primjenom u kirurškoj praksi. Potrebno je provoditi kon-

ABSTRACT

This paper deals with the reflections on the problems involved in the marketing of health care services. There are a number of particularities and limitations requiring a creative approach to the application of marketing to health care organizations. The first part of the paper summarizes theoretical contributions on specific characteristics of services marketing in health care. Exploratory research of the perceptions among surgeons of health services marketing, which is described in the second part, provides a useful insight into the possibility of applying marketing to specialist surgical services. Research was conducted among general surgeons employed at Croatian public health care organizations. Results show a discrepancy between the awareness

tinuiranu edukaciju kako bi se kirurge bolje upoznalo s marketingom usluga kao poslovnom filozofijom koja može poboljšati način pružanja specijalističkih zdravstvenih usluga.

of services marketing and its application to surgical practice. Continuous education is necessary to better acquaint surgeons with services marketing as a business philosophy, which may improve performance in the provision of health services.

1. INTRODUCTION

Health care is closely tied to well-being, happiness and the quality of life.¹ Health services market encompasses a large portion of the economy of developed and medium-developed countries, in which competitive factors play an increasingly pronounced role in both the private and the public sector.² People have a very strong interest in health information and seek it out proactively because they face the decisions and questions concerning health in almost every aspect of their lives.³ Understanding and applying the marketing way of thinking in order to raise the quality of performance of health care organizations is becoming a necessity, which dictates behavior in a competitive environment. In other words, emphasizing the need to apply marketing and a client-oriented approach to the persons who use health services is related in particular to a growing consciousness among health service providers of the rapid and frequent changes in the conditions which influence their operations.⁴ Still, principal findings from various prior research⁵ indicate that a number of different groups working at health care organizations (physicians, employees, administration) as well as students at medical schools often underestimate their patients' expectations regarding health service quality.

The system of health service provision and use in the Republic of Croatia has undergone numerous changes since 1991. It is shifting to a competitive environment and is acquiring the characteristics comparable to those which may be found in developed market economies (e.g. different organizational forms of health care delivery, different payment schemes etc.). Unlike in the past, when the majority of health care organizations were public, there are a growing number of those that belong to the private sector. Service providers, both at public and private health care organizations, are faced with a necessity to adopt a market-oriented approach in their business operations.

The objective of this paper is threefold: to identify fundamental specifics and challenges of introducing and applying marketing to the provision of health services, to describe and analyze the level of awareness among

Croatian surgeons and their perceptions of marketing and of the acceptability of its application to the provision of surgical services and, finally, to chart possible directions toward the activities that may be undertaken to widen the acceptance and application of services marketing to such a highly competitive environment as the market in specialist surgical services.

2. BRIEF LITERATURE REVIEW

According to Stremersch,⁶ health and marketing is beginning to gain firm ground as a new research field defined by the area of its application. The number of papers on different issues in the relationship between health and marketing, submitted to marketing journals and presented at leading marketing conferences, is growing. Due to increased demand, both medical and business schools offer health care marketing classes to students.

2.1. Specific characteristics of health services marketing

Marketing, as a dominant business philosophy of modern organizations, is often considered to be the best exchange catalyst. Kotler defines marketing adjusted to the needs of health care organizations as follows: "Marketing is the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets to achieve organizational objectives. Marketing involves designing the organization's offerings to meet the target market's needs and desires, and in using effective pricing, communication, and distribution to inform, motivate, and service the markets".⁷

Historically, health care organizations have detached themselves from commercialism and entrepreneurship – instead, they have relied heavily on their reputation and a word-of-mouth promotion was their primary, if not sole marketing strategy.⁸ There are two key facts

that determine health care organizations in marketing terms: they belong to the service sector and most of them, especially in the public sector, are not-for-profit organizations. A number of particularities and limitations require a creative approach to the application of marketing to not-for-profit health care organizations.⁹

Problems arising in the very application of marketing to health care organizations include a marked heterogeneity of health care service clients, their different (sometimes even conflicting) requests regarding the service itself as well as the fact that it is not simple to present the benefits of this service and make them "visible and tangible"¹⁰ in advance. The structure of the market in which traditional marketing models are built does not correspond to the market structure of health care organizations. For example, specialist health services are provided and used in quasi-market conditions and it is often the main challenge, when introducing and applying marketing, to adjust the existing marketing rules and set new ones. The advent of a quasi-market and of competitive trading relations among actors has reinforced a long flirtation with marketing in the provision of health care.¹¹ Frequently, it is marketing itself that needs to be the object of marketing if one is to "blaze the path" to its application.

It may be noted that the application of marketing to health care has been the subject of some skepticism from various sources, not least health care employees, stating for example, that marketing is more about commercial, as opposed to social or health care objectives etc.¹² But, health care organizations usually become aware of the need for marketing when their clients and resources become scarce or when they themselves are exposed to growing competition. A special problem they face constantly is a steady growth of expenses against limited funding. For-profit health care organizations deal with it according to the simple "cash and carry" model,¹³ and their marketing activities are oriented towards patients or service users. By their very nature they are much more sensitive to the application of marketing than not-for-profit health care organizations may be. These latter organizations have a separate process of fund raising and spending; therefore, in the process of fund raising they are more

donor- than patient-oriented. Nevertheless, most of them do not rely on a donor network but rather belong to a health insurance system, in which both fund raising and health care contracting is entrusted to a third-party payer.

Health care organizations' managers, both in the public and the private sector, are becoming increasingly aware of the problems related to their restricted power as far as financing is concerned. Therefore, they are striving to adopt marketing strategy to health care services. In health care, there are at least seven categories of potential partners: community, patients, physicians, purchasers, organization's own employees, internal departments and peers – therefore, the ability of the organization to establish and maintain effective partnerships is critical to its success.¹⁴

Limitations to a wider and more intense marketing implementation by health care organizations may derive from any number of sources, e.g.: non-existence of clear objectives to be achieved, inappropriate definition of patients' needs, wrong market segmentation, different pressures from the environment used in order to superimpose territorial or professional interests onto those of patients, etc.¹⁵

Furthermore, the internal environment of health care organizations is also specific. In general, the distribution of power within health care organizations differs from other business entities. Power is usually divided between two or three equally powerful groups and that fact often tends to lead to conflicts between clinicians and the management of health care organizations. Despite these specifics, which are demanding on marketing, health care organizations have to apply and use marketing know-how and skills more successfully in order to inform patients and facilitate the process of their health service use.¹⁶ Primarily, it is necessary to develop such a marketing approach and concept that will satisfy both patients and clinicians, since those are the very areas in which thorough changes may be introduced.¹⁷

The overall public is growing increasingly concerned about health matters while the clients using health

care services (patients, their relatives and all members of society) are seeking better and more sophisticated services.¹⁸ Health care service is a strictly professional and individual type of service which involves a high level of contact with the client, and is often capital intensive. It is one of the rare services that are impossible to refuse to provide, as the moment of threat to the patient's life cannot be postponed, and this matter is also regulated by law. Health care organizations need to develop such marketing strategies that will improve the efficiency of the services being provided.¹⁹

In the process of designing and planning health services marketing, traditional specific characteristics are taken into consideration: intangibility, inseparability of production (provision) from use, perishability, variability/heterogeneity and the absence of ownership.²⁰ However, another specific fact needs to be pointed out. The outcome of medical treatment does not depend solely on the medical staff but may vary significantly in dependence on patient involvement. Patient involvement in the process of treatment is essential and directly affects its outcome. Still, the classic patient role is changing. The patients/health service clients of today are more informed and in a better position than ever before. This is a result both of an accelerated development of communications (especially the Internet) and of the fact that patient is now viewed as a „service user“. ²¹ Patient satisfaction constitutes an important component of health service quality, and health care organizations may build sustainable competitive advantages precisely by providing quality services to ensure patient satisfaction.²²

Some research has shown that the perceived quality of health service has a greater impact on patient behavior (satisfaction, recommendations, choice of physician) than do the expenses that the patient incurs or service accessibility; poor quality of the health services provided by the public sector leads to a wider use of services at private health care organizations.²³ The quality of health service depends on a series of factors or inputs, ranging from clinical to professional and patient inputs. In the course of monitoring, most attention should be paid to the client's (patient's) perspective, as the one from which health care service quality needs to be assessed.²⁴

Finally, developing professional skills in marketing management in the health care field requires the ability to look across a broad cross-section of marketing situations, to understand the differences and commonalities and to identify appropriate marketing strategies in each instance, regardless of the organization-level or of the positioning-level of health care offerings.²⁵

2.2. Marketing and specialist surgical health service

Surgeons have often pioneered the innovations leading to quality improvements in the provision of health care. It has recently been noticed, however, that surgeons do not understand the economic elements of health services provision sufficiently and that they take a defensive attitude to the adoption of the business concepts spreading from the for-profit to the not-for-profit sector.²⁶ One of these is services marketing.

The specialist surgical health service which is provided at (public and/or private) hospitals is an essentially long and complex process, involving mutually connected chains of activities. It consists of different phases and includes: diagnostics, pre-operative procedures, core – that is, surgical procedures and post-operative procedures. Surgical services are based on knowledge and expertise; they are provided by highly educated experts and are frequently also related to the development of science in the area of the service provider's professional expertise. Furthermore, they require a very high level of customization while including a similarly high level of discretionary effort and personal assessment of the expert providing the service (surgeon).²⁷ The dimension of time is equally important since the final outcome and the level of success in the use of specialist surgical service may often be assessed only in the course of time following the surgical treatment.

To conclude, all of the facts mentioned above represent arguments in favor of conducting a study of the surgeons' perceptions of health services marketing, as it may provide a good insight into the possibilities of applying marketing to specialist health services provi-

sion in general, and to the provision of surgical services in particular.

3. RESEARCH

Primary data were collected by the method of surveying the total population of surgeons in the Republic of Croatia (N=549). According to the Croatian Medical Chamber data on January 1st, 2008, there were 549 general surgeons, of whom some sub-specialists, employed in Croatia at that time. The main body of respondents is finite in its scope and consists of all the specialist surgeons in the Republic of Croatia. The sample corresponded roughly to the main body since some respondents were unavailable at the time of the survey. The survey was conducted in the course of January 2008. Altogether 61 questionnaires were collected, five of which were invalid, so the final number of validly filled-out questionnaires was 56, representing a return rate of 10.2%.

The anonymous survey questionnaire consisted of 22 questions, formulated so as to monitor the course of the marketing process. Out of that, 15 questions were closed-end, three were semi-closed and three were open-end questions. At the end of the questionnaire, four closed-end questions referred to the demographic characteristics of the respondents. The questionnaire was pre-tested on a sample of 20 primary health care physicians, who did not subsequently participate in the survey. Comprehensibility was found to be good so no question needed to be changed or edited out. Surgical interns from every health care organization in Croatia which has a surgical ward, i.e. general hospitals, clinics and clinical medical centers, helped in conducting this survey. They described the nature of the survey to the respondents orally and then distributed the questionnaires among them. The first page of the questionnaire was white, the second yellow, the third green, the fourth blue and the fifth red in order to make filling out more interesting and prevent inadvertent omission of a question or a page. The respondents filled out the survey questionnaires independently but were able to consult the interns in case they found anything to be vague.

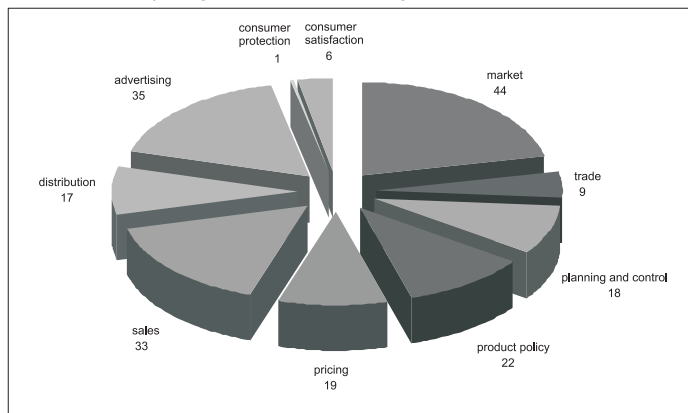
The collected data were analyzed by basic statistical methods with the help of the OpenOffice.org 1.1.5 software package, and presented in graphs and tables.

4. RESULTS AND DISCUSSION

Respondents – the surgeons who filled out the questionnaire and answered the questions (N=56) – are between 29 and 66 years old, predominantly men (55). The majority of respondents (32) are between the age of 31 and 40, with approximately the same number of respondents aged 30 or under (10) and between 41 and 50 years old (8). There were five respondents aged between 51 and 60 while those over 61 were least represented (one). Most respondents have between one and 10 years of practice (40) and eight of them have between 11 and 20 years of work experience. Seven surgeons have worked as specialists for a period of 21 to 30 years while those with over 30 years of surgical experience are the least represented (one). This ratio does not correspond to the actual distribution of surgeons with respect to the age and length of service but, rather, points to the fact that the younger the persons are the more inclined they will be to accept the invitation to participate in research and fill out questionnaires.

4.1. Surgeons' familiarity with health services marketing

The intention of the first question was to find out which concepts the respondents – surgeons associate with marketing. Surgical specialists could choose one or more proposed answers; the following answers and their frequency were recorded: 44 surgeons associate marketing with market, 35 with advertising, 33 with sales and 22 with product policy (Figure 1). It is interesting to note that only six surgeons associate marketing with consumer satisfaction.

Figure 1: Concepts associated by surgeons with marketing

Source: Research

The respondents were then asked the following question: "Have you ever encountered the term 'health services marketing?' before", to which 31 surgeons replied affirmatively, 20 of them negatively while five of them chose the "I do not know" option. The respondents who gave the affirmative answer were then asked in the next question to state where. It was possible to choose multiple answers. Most of the respondents, 23 of them, answered "in the media", 14 "in the literature" while 12 of them said they encountered the term "health services marketing" "at local and international congresses and conferences". Only one respondent gave the unstructured answer ("somewhere else") and elaborated it as follows: "My colleague is involved in the marketing of his services at Sunce Polyclinic."

The respondents were next asked to give their opinion on whether or not it makes sense to use marketing in health care organizations. A total of 34 respondents gave the affirmative answer; 11 of them said they did not know while 11 of them gave the negative answer. When asked subsequently to elaborate on their answers, only 35 respondents provided some sort of explanation. Their interesting statements are shown in Table 1 and it is worth noting that seven respondents made a very similar statement, summed up (by the authors) in the following: "Marketing can be applied in increasingly more competitive market conditions."

Table 1: Surgeons’ statements on the sense of using marketing at health care organizations

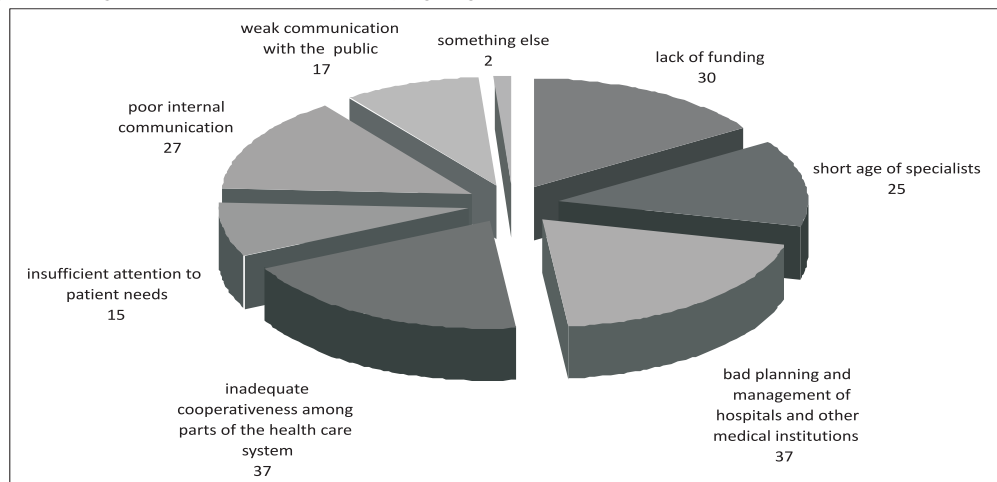
Statements	No
Under different circumstances than those in Croatia	1
Under the circumstances of open-market business and increasing competition	7
For promotion	3
Only if service price matches the quality of service provision	1
In private policlinics only	1
For relationship between supply and demand	2
Enables better quality of the service provided	3
Marketing does not “belong” to surgery	1
Differentiation on the market	2
For better organization and work efficiency	2
Due to the nature of the health care system marketing cannot be applied on a micro-level	1
Enables better service supply	1
For drug promotion	1
Knowing how to market one’s knowledge and services is important	1
For communication with patients	1
It helps financial stability	1
Health care has become a lucrative business - marketing is essential	1
Operating costs would be reduced	1
It is unethical	2
I do not know if it makes sense because I do not know how it might help	1
Marketing is future	1

Source: Research

4.2. Analysis of the environment

When asked: “Do you think it is necessary to analyze the offering of specialist health services?”, 49 surgeons answered affirmatively, two answered negatively and five of them did not know. Out of the total number of respondents, 47 believe that there is competition between health care organizations which provide specialist health care while nine of them believe that there is no competition. Surgeons’ views of the main problems which plague the provision of specialist health services in the Republic of Croatia are extremely

interesting. Multiple answers to this question were possible and 30 respondents are of the opinion that the lack of funding is the main problem, 25 see it in the shortage of specialists, 37 believe that problems lie in bad planning and management of hospitals and other medical institutions. The same number (37) think inadequate cooperativeness of various branches of the health care system is to blame, 15 respondents believe that problems occur due to insufficient attention paid to patient needs, 27 see poor internal communication and another 17 weak communication with the public as the main problem. A list of answers is shown in Figure 2.

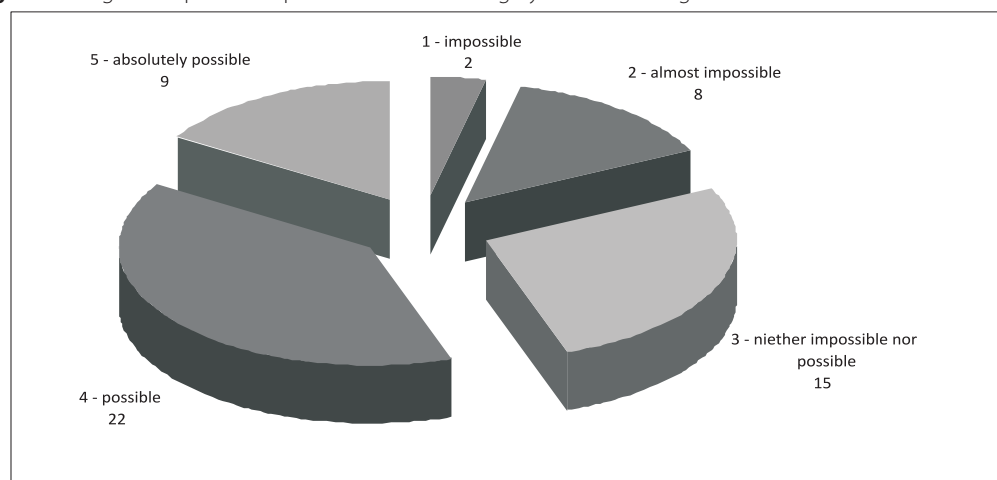
Figure 2: Surgeons' views of the problems plaguing specialist health services in the Republic of Croatia

Source: Research

4.3. Benchmarking

The respondents were asked to rate their opinion of the possibility of applying the experiences of other health care organizations in the country and abroad to the organization that they work for on a scale of 1 to 5 (1 standing for "impossible" and 5 for "absolutely possible"). A total of 22 surgeons opted for grade 4, with

15 opting for grade 3. A considerably smaller number, only nine of them, believe that it is absolutely possible to apply the experiences of other health care organizations in the country and abroad (grade 5), those choosing grade 2 ("almost impossible") were eight while two surgical specialists see it as impossible to apply the experiences of other health care organizations in the country and abroad to the organizations they work for. Figure 3 displays the distribution of their answers.

Figure 3: Surgeons' opinion on possible benchmarking by health care organizations

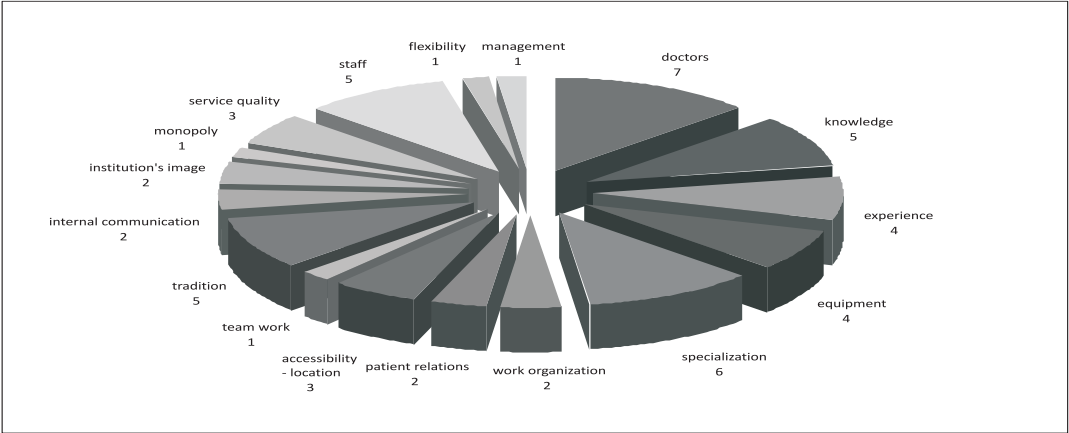
Source: Research

4.4. Strategy

Surgeons perceive the greatest strengths of the health care organization that they work for to be ly-

ing in: doctors, knowledge, experience, equipment, specialization, work organization, patient relations, accessibility – location, team work, tradition, internal communication, institution's image, monopoly, service quality, staff, flexibility and management (Figure 4).

Figure 4: Greatest strengths of the health care organizations surgeons work for

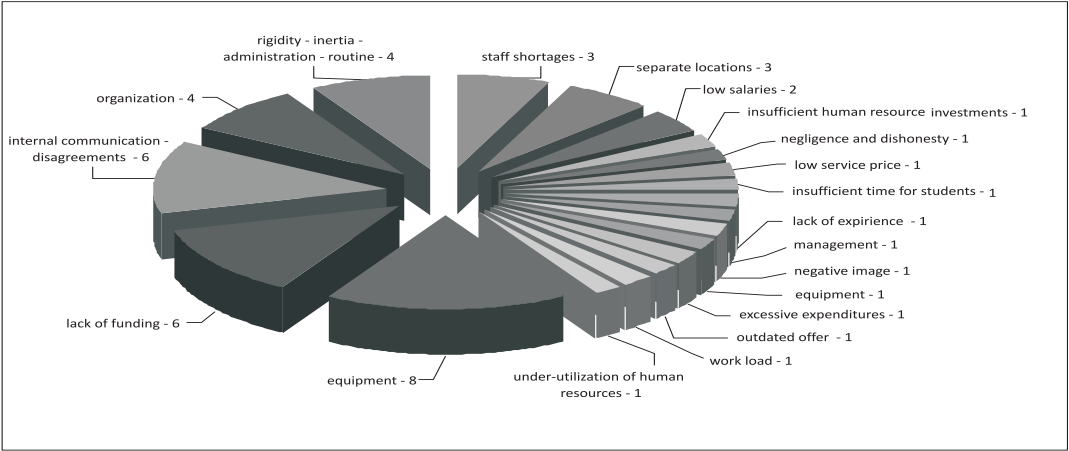


Source: Research

The human factor, i.e. the actual doctors employed at the health care organization, was the most frequent choice mentioned by seven respondents. In contrast to the strengths, the surgeons list the greatest weaknesses of the health care organization that they work for as follows: equipment, lack of funding, internal communication – disagreements, organization, rigid-

ity – inertia – administration – routine, staff shortages, separate locations, low salaries, insufficient human resource investment, negligence and dishonesty, low service price, insufficient time for students, lack of experience, management, negative image, excessive expenditures, outdated offer, work load, under-utilization of human resources (Figure 5).

Figure 5: Greatest weaknesses of the health care organizations surgeons work for



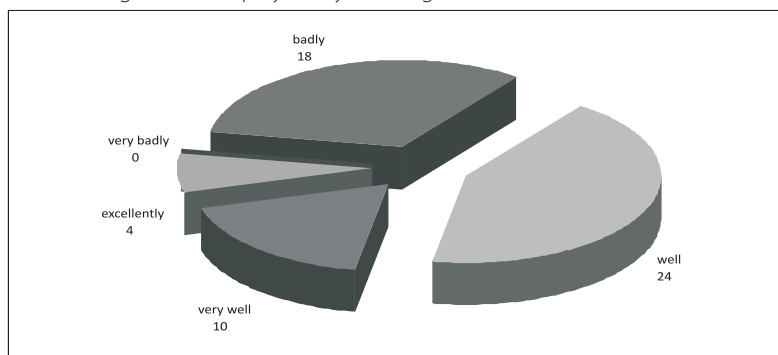
Source: Research

And while human resources, i.e. doctors, represent the most frequently mentioned strength, the frequency of the respondents' answers identifies insufficient, inadequate and outdated equipment as the greatest weakness. Only six surgical specialists gave the affirmative answer to the question about the existence of a written document accessible to any employee of the health care organization they work for which defines the objectives of the respective health care organization and the methods to be used in order to achieve them. While 25 respondents answered negatively, 25 surgeons did not know the answer to that question.

4.5. Human resources

The respondents were given a choice of five options in order to answer the question on how the organization treats them as employees. Most surgeons, 24 of them, chose the "well" option. Unfortunately, it was followed in frequency by the answers of 18 surgeons who believe that the organization treats them "badly". No respondent chose the answer "very badly". However, very few surgeons consider the organization to be treating them very well (10) or excellently (4) as employees (Figure 6).

Figure 6: Treatment of surgeons as employees by their organization



Source: Research

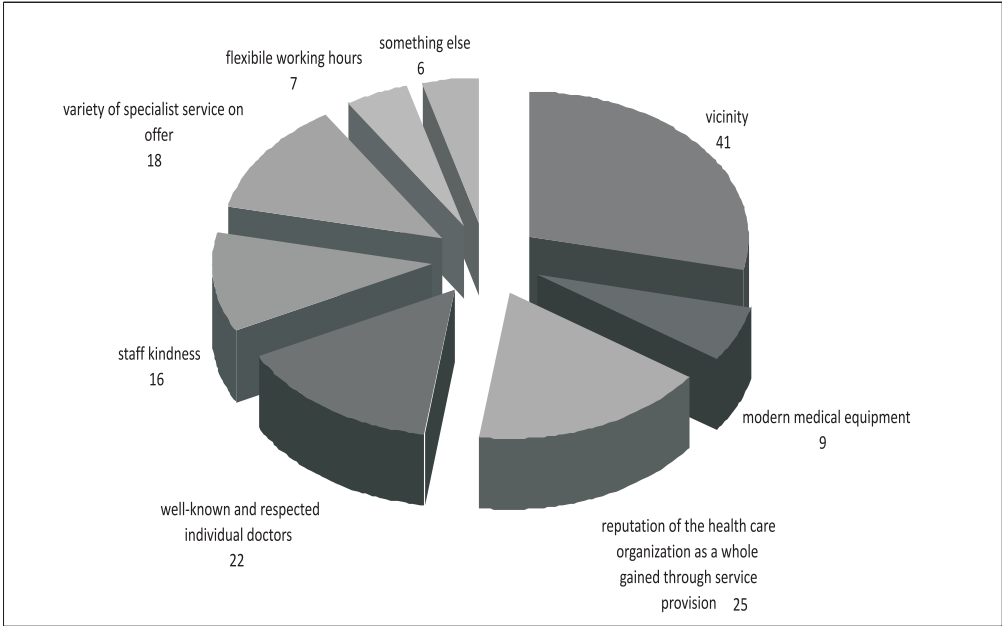
Still, when asked: "Are you considering the possibility of changing the health care organization that you currently work for?", only 8 surgeons answered affirmatively, 43 of them answered negatively while five said they did not know.

4.6. Patient satisfaction

Twenty-five surgical specialists said they were aware of it and confirmed that the health care organization they work for conducts patient satisfaction surveys, encouraging them to submit their requests, complaints and suggestions. Only slightly fewer, i.e. 24 surgeons answered negatively while seven of them did not know the answer to that question. Furthermore, 15 out of 25 surgeons who gave the affirmative answer said that the surveys are conducted occasionally, seven believe that client satisfaction surveys are conducted rarely

by the organization they work for while only three respondents believe that the surveys are conducted constantly. Finally, the respondents were asked to list what they see as the reasons why patients choose to come to the health care organization that they work for. Several different answers were offered and, as multiple answers were possible, the final distribution of the selected answers was as follows: the absolute majority, or 41 of the respondents, believes it is the vicinity; the reputation of the health care organization as a whole gained through service provision ranked next, with 25 respondents choosing that respective answer. Twenty-two surgeons believe that patients select the health care organization that they work for because of well-known and respected individual doctors; 18 surgical specialists put it down to a variety of specialist services offered and 16 named staff kindness as the reason. Nine of them believe that modern medical equipment is the reason why and seven see it in flexible working hours (Figure 7).

Figure 7: Reasons why patients choose the health care organization that surgeons work for



Source: Research

4.7. Study limitations

There are several limitations which should be taken into consideration. The problem inherent in the survey arose from the response rate. Despite authors' efforts and repeated attempts at achieving a better response rate, only 56 valid questionnaires (10.2% response rate) were collected. Also, all the respondents who participated in the survey were from public health care organizations only. Therefore, the results remain descriptive, and are not to be generalized across the entire surgeon population in Croatia. Future research is needed and the application of qualitative techniques, instead of only survey, could be more appropriate for obtaining richer and deeper data.

Although a number of variables were included in the questionnaire, the psychometric properties of the instrument require a thorough examination and subsequent improvements. Therefore, findings may best be applied as a snapshot of the situation at the time the study was undertaken and as a challenge for further research.

As this was an exploratory study, hypotheses were not set. Findings, indicative by nature, make a good starting point and a basis for the development of researchable hypotheses that deserve exploration in the future.

5. CONCLUSION

Health care marketing has long ceased to be a "hot topic" and is being recognized increasingly as an inevitable business philosophy and orientation. Health reforms implemented by a number of countries have created a market in which choice and competition are levers for improving performance of both public and private health organizations. The traditional focus of health care organizations on the volume of their business, core service and reputation is no longer sufficient. However, the possibilities for as well as the barriers to implementing and applying marketing are rather different for public (mainly non-for-profit) and private (often for-profit) health care organizations.

Marketing strategies and tactics should be carefully crafted according to the specific nature of the health care organization and aimed at designing, offering and delivering such services that will enable marketing of their providers too.

Patients are showing a growing interest in different information about health services and their provision, and are using a variety of sources to access and gather information. Health care organizations are therefore required to display a better understanding of patient behavior, to research and segment the market, to position the health care service and monitor its quality and to apply internal and interactive marketing as well as the services marketing mix concept and the service sector brand strategy.

A number of marketing problems of health care organizations cannot be resolved in a hurry. They require a deep understanding of the environment, the market that they operate in and of the objectives that a particular organization wishes to achieve. This calls for the application of comprehensive marketing reasoning and action as well as of an all-inclusive approach to health care organization problems. Strategic market planning is based on the understanding that the system may be managed successfully only if all – both medical and non-medical factors that influence the business operations of health care organizations – are recognized well in advance. “New universalism”²⁸ is a concept that stands for high-quality health care provision but one that is based on the criterion of actual need, defined in terms of efficiency, price and social acceptability. This approach requires an explicit choice of possible interventions in the current state of affairs according to priority while, naturally, respecting the ethical standards. However, the conditions necessary for applying such a principle are a market-oriented economy, reduced government involvement and control, and decentralization.

The experiences gained from the application of marketing to the health service sector in developed market economies bear witness to its numerous benefits, such as the enhancement of services and of the service provision process, greater satisfaction among the clients who use these services (patients, their families and all other target audiences) as well as a more efficient management of financial and non-financial resources necessary for the provision of services of desirable quality level.

The research that has been conducted was exploratory in nature and aimed at identifying problems. The perceptions among Croatian surgeons of the marketing of specialist health care services are interesting, and should have an impact on a more extensive and intensive application of marketing as a business philosophy in health care in the Republic of Croatia. Marketing knowledge and skills are necessary for managing efficacious linkages among all parties included in the health care. For both general and specialist health care service value, which will meet patients’ expectations, providers must learn to understand their clients. But, they also need to understand the way in which health care is financed and provided. Access to the information about possible treatments offered on the market is important too, as well as a general understanding of political/governmental issues related to health. Continuous, specific and “tailor-made” education is therefore necessary to better acquaint all the stakeholders involved in health care with services marketing as a concept which may be used in resolving business problems. Successful health care organizations, whether structured as public or private, will be only those that thoroughly understand their purpose, environment, clients and competitors.

LITERATURE

1. Andaleeb, S.S.: Service quality perceptions and patient satisfaction: a study of hospitals in a developing country, **Social Science and Medicine**, Vol. 52, 2001, pp. 1359-1370.
2. Bansal, M.K.: Optimising value and quality in general practice within the primary health care sector through relationship marketing: a conceptual framework, **International Journal of Health Care Quality Assurance**, Vol. 17, No. 4, 2004, pp. 180-188.
3. Boonekamp, L.C.: Marketing for Health-care Organizations: An introduction to Network management, **Journal of Management in Medicine**, Vol. 8, No. 5, 1994, pp. 11-24.
4. Eiriz, V., Figueiredo, J.A.: Quality evaluation in health care services based on customer-provider relationships, **International Journal of Health Care Quality Assurance**, Vol. 18, No. 6, 2005, pp. 404-412.
5. Francis, S.D., Alley P.G.: A „patient focus review“ of surgical services: Business process reengineering health care, **Business Process Management Journal**, Vol. 1, No. 2, 1999, pp. 48-62.
6. Harrison, J.J.H., Roberts, W.R., Pinson, R., Dorning, B.: The application of marketing research in the Birmingham Dental Hospital, **Journal of Marketing Practice: Applied Marketing Science**, Vol. 3, No. 1, 1997, pp. 31-42.
7. Kay, M.J.: Healthcare marketing: what is salient?, **International Journal of Pharmaceutical and Healthcare Marketing**, Vol. 1, No. 3, 2007, pp. 247-263.
8. Kelly, S., Schwartz, R.: A Broader View of Marketing: Implications for Surgeons, **Surgical Innovation**, Vol. 11, 2004, pp. 281-288.
9. Kotler, P., Clarke, R.: **Marketing for health care organizations**, Prentice Hall, Englewood Cliffs, NJ, 1987.
10. Kickbusch, I.: Health literacy: an essential skill for the twenty-first century, **Health Education**, Vol. 108, No. 2, 2008, pp. 101-104.
11. Meler, M.: **Neprofitni marketing**, Ekonomski fakultet u Osijeku, Osijek, 2003.
12. O'Connor, S.J., Trinh, H.Q., Shewchuk, R.M.: Perceptual Gaps in Understanding Patient Expectations for Health Care Service Quality, **Health Care Management Review**, Vol. 25, No. 2, 2000, pp. 7-25.
13. Orava, M., Tuominen, P.: Curing and caring in surgical services: a relationship approach, **Journal of Services Marketing**, Vol. 16, No. 7, 2002, pp. 677-691.
14. Porter, M., Teisberg, E.: Redefining competition in health care, **Harvard Business Review**, Vol. 82, 2004, pp. 1-16.
15. Robinson, M.K., Kleiner, B.: Competition and its implications for managing health care organizations, **Health Manpower Management**, Vol. 23, No. 6, 1997, pp. 229-232.
16. Satiani, D.: Business knowledge in surgeons, **The American Journal of Surgery**, Vol. 188, No. 1, 2004, pp. 13-16.
17. Sheaff, R.: **Responsive healthcare: Marketing for public service**, Open University Press, Buehingham-Philadelphia, PA, 2002.
18. Souba, W.W., Haluck, C.A., Menezes M.A.J.: Marketing strategy: AN essential component of business development for academic health centers, **The American Journal of Surgery**, Vol. 181, 2001, pp. 105-114.
19. Stremersch, S.: Health and Marketing: The Emergence of a New Field of Research, **International Journal of Research in Marketing**, Vol. 25, No. 4, 2008, pp. 229.
20. Tomas, G., Hult, M., Lukas, B.A.: Classifying health care offerings to gain strategic marketing insights, **Journal of Services Marketing**, Vol. 9, No. 2, 1995, pp. 36-48.

21. WHO: **Health Systems: Improving Performance: World Health Report**, Geneva, 2002.
22. Willcocks, S.: Clinical leadership in UK health care: exploring a marketing perspective, **Leadership in Health Services**, Vol. 21, No. 3, 2008, pp. 158-167.
23. Willcocks, S., Conway, T.: Strategic marketing and clinical management in health care: a possible way forward, **Journal of Management in Medicine**, Vol. 12, No. 2, 1998, pp. 120-134.
24. Wong, J.C.H.: Service quality measurement in a medical imaging department, **International Journal of Health Care Quality Assurance**, Vol. 5, No. 12, 2002, pp. 206-212.
25. Zeithaml, V., Parasuraman, A., Berry, L.: Problems in services marketing, **Journal of Marketing**, Vol. 49, 1985, pp. 33-46.

References

- ¹ Kay, M.J.: Healthcare marketing: what is salient?, **International Journal of Pharmaceutical and Healthcare Marketing**, Vol. 1, No. 3, 2007, pp. 248.
- ² Porter, M., Teisberg, E.: Redefining competition in health care, **Harvard Business Review**, Vol. 82, 2004, pp. 1-16.
- ³ Kickbusch, I.: Health literacy: an essential skill for the twenty-first century, **Health Education**, Vol. 108, No. 2, 2008, pp. 101.
- ⁴ Willcocks, S., Conway, T.: Strategic marketing and clinical management in health care: a possible way forward, **Journal of Management in Medicine**, Vol. 12, No. 2, 1998, pp. 120-134.
- ⁵ As reported in: O'Connor, S.J., Trinh, H., Shewchuk, R.: Perceptual Gaps in Understanding Patient Expectations for Health Care Service Quality, **Health Care Management Review**, Vol. 25, No. 2, 2000, pp. 10.
- ⁶ Stremersch, S.: Health and Marketing: The Emergence of a New Field of Research, **International Journal of Research in Marketing**, Vol. 25, No. 4, 2008, pp. 229.
- ⁷ Kotler, P., Clarke, R.: **Marketing for health care organizations**, Prentice Hall, Englewood Cliffs, NJ, 1987.
- ⁸ Souba, W.W., Haluck, C.A., Menezes M.A.J.: Marketing strategy: AN essential component of business development for academic health centers, **The American Journal of Surgery**, Vol. 181, 2001, pp. 106.
- ⁹ Sheaff, R.: Responsive healthcare: Marketing for public service, Open University Press, Buckingham-Philadelphia, PA, 2002; Kelly, S., Schwartz, R.: A Broader View of Marketing: Implications for Surgeons, **Surgical Innovation**, Vol. 11, 2004, pp. 281-288.
- ¹⁰ Boonekamp, L.C.: Marketing for Health-care Organizations: An introduction to Network management, **Journal of Management in Medicine**, Vol. 8, No. 5, 1994, pp. 11-24.
- ¹¹ Harrison, J.J.H., Roberts, W.R., Pinson, R., Dorning, B.: The application of marketing research in the Birmingham Dental Hospital, **Journal of Marketing Practice: Applied Marketing Science**, Vol. 3, No. 1, 1997, pp. 32.
- ¹² More in: Willcocks, S.: Clinical leadership in UK health care: exploring a marketing perspective, **Leadership in Health Services**, Vol. 21, No. 3, 2008, pp. 159.
- ¹³ Kay, M.J.: op. cit., pp. 247-263.
- ¹⁴ Robinson, M.K., Kleiner, B.: Competition and its implications for managing health care organizations, **Health Manpower Management**, Vol. 23, No. 6, 1997, pp 231-232.
- ¹⁵ Meler, M.: **Neprofitni marketing**, Ekonomski fakultet u Osijeku, Osijek, 2003, pp. 208.

- ¹⁶ Francis, S.D., Alley, P.G.: A „patient focus review„ of surgical services: Business process reengineering health care, **Business Process Management Journal**, Vol. 1, No. 2, 1999, pp. 48-62.
- ¹⁷ Ibid.
- ¹⁸ Eiriz, V., Figueiredo, J.A.: Quality evaluation in health care services based on customer-provider relationships, **International Journal of Health Care Quality Assurance**, Vol. 18, No. 6, 2005, pp. 404-412.
- ¹⁹ Bansal, M.K.: Optimising value and quality in general practice within the primary health care sector through relationship marketing: a conceptual framework, **International Journal of Health Care Quality Assurance**, Vol. 17, No. 4, 2004, pp. 180-188.
- ²⁰ Zeithaml, V., Parasuraman, A., Berry, L.: Problems in services marketing, **Journal of Marketing**, Vol. 49, 1985, pp. 33-46.
- ²¹ Kelly, S., Schwartz, R.: op. cit., pp. 281-288.
- ²² Wong, J.C.H.: Service quality measurement in a medical imaging department, **International Journal of Health Care Quality Assurance**, Vol. 5, No. 12, 2002, pp. 206-212.
- ²³ Andaleeb, S.S.: Service quality perceptions and patient satisfaction: a study of hospitals in a developing country, **Social Science and Medicine**, Vol. 52, 2001, pp. 1359-1370.
- ²⁴ O'Connor, S.J., Trinh, H.Q., Shewchuk, R.M.: op. cit., pp. 8-10.
- ²⁵ Tomas, G., Hult, M., Lukas, B.A.: Classifying health care offerings to gain strategic marketing insights, **Journal of Services Marketing**, Vol. 9, No. 2, 1995, pp. 36.
- ²⁶ Satiani, D.: Business knowledge in surgeons, **American Journal of Surgery**, Vol. 188, No. 1, 2004, pp. 13-16.
- ²⁷ Orava, M., Tuominen, P.: Curing and caring in surgical services: a relationship approach, **Journal of Services Marketing**, Vol. 16, No. 7, 2002, pp. 677-691.
- ²⁸ WHO: **Health Systems: Improving Performance: World Health Report**, Geneva, 2002.